Richmond, VA 23219

https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 07/29/2022

Mandatory Training for Screeners for Long-Term Services and Supports (LTSS) Screening

The purpose of this bulletin is to announce the release of the online modular Medicaid Long-Term Services and Supports (LTSS) Screening Training. All individuals authorized to conduct Medicaid LTSS Screening are required to successfully complete the training and receive a certificate. The training portal will open on April 12, 2019 and screeners will have until July 1, 2019 to complete the training. Specific information regarding registration and the web accessible link for the training is available on the DMAS website, located under "Long Term Care" in the "Screening for LTSS" tab. The link for long-term care programs is: http://www.dmas.virginia.gov/#/longtermprograms.

Per Virginia regulation 12VAC30-60-310. Competency Training and Testing Requirements, beginning July 1, 2019, each individual conducting screenings and providing authorization for approval of Medicaid LTSS shall have completed required training and passed competency tests—achieving a score of at least 80%. Authorizing screeners are individuals who sign and attest to the DMAS-96 Medicaid LTSS Authorization form, including nurses, social workers, and physicians. Others may register and take the training as a guest. Authorizing screeners must take a refresher training every three years with a passing score of at least 80%. Failure to complete this required training and competency tests may result in the retraction of Medicaid payments for conducted screenings.

Screeners include identified staff from the Virginia Department of Health (VDH), local departments of social services, Wilson Workforce Rehabilitation Center (WWRC), acute care hospitals, and rehabilitation hospitals.

For LTSS screening questions, please contact: ScreeningAssistance@dmas.virginia.gov

Statutory Authority

§ 32.1-325 of the Code of Virginia; 42 USC § 1396 et seq.

Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as "MEDICAID EXP." If the individual is enrolled in managed care, the "MEDICAID EXP" segment will be shown as well as the managed care segment, "MED4" (Medallion 4.0), or "CCCP" (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at:

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http://www.dmas.virginia.gov/#/medex.

PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal	
Automated	
Response System (ARS)	www.virginiamedicaid.dmas.virginia.gov
Member eligibility, claims status, payment	www.virgimamearearananas.virgima.gov
status, service limits, service authorization	
status, and remittance advice.	
Medicall (Audio Response System)	
Member eligibility, claims status, payment	1-800-884-9730 or 1-800-772-9996
status, service limits, service authorization	
status, and remittance advice.	
KEPRO	https://dmas.kepro.com/
Service authorization information for fee- forservice members.	
Managed Care Programs	1
	Caro Plus (CCC Plus), and Program of All Inclusive
Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care	
enrolled individual, providers must follow their respective contract with the managed care	
plan/PACE provider. The managed care plan	
described for Medicaid fee-for-service individuals.	
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